CDC DAILY TIME AND ATTENDANCE RECORD
Michigan Department of Education

MICHIGAN Department of **Education**

PROVIDER NAME:		PROVIDER ID:		PAY PERIOD NUMBER:		PAGE NUMBER:

DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /
DAY	**SUNDAY**	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**
CHILD'S FULL NAME:						**CHILD'S AGE:**	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							
CHILD'S FULL NAME:						**CHILD'S AGE:**	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							
CHILD'S FULL NAME:						**CHILD'S AGE:**	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							
CHILD'S FULL NAME:						**CHILD'S AGE:**	
BEGIN TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
END TIME	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM	: AM / PM
CHILD ABSENCE HOURS							
TOTAL HOURS							
PARENT INITIALS							

I certify that:

- The above billing information is true and accurate to the best of my knowledge based on available information.
- I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be disqualified from the program or prosecuted for fraud.

PROVIDER SIGNATURE: _____ DATE: _____ PROVIDER PHONE NUMBER: _____

CONFIRMATION NUMBER: _____

Revised 12/2013

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EXAMPLE:

PROVIDER NAME: *Laura Lansing*		PROVIDER ID: *0123456*		PAY PERIOD NUMBER: *408*		PAGE NUMBER: *1*
DATE	**4/ 6 /14**	**4/ 7 /14**	**4/ 8 /14**	**4/ 9 /14**	**4/ 10 /14**	**4/ 11 /14**	**4/ 12 /14**
DAY	**SUNDAY**	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**
CHILD'S FULL NAME: *Tommy Towers*						CHILD'S AGE: *10*
BEGIN TIME	: AM / PM	7:50 (AM) PM	7:50 (AM) PM	: AM / PM	8:00 (AM) PM	8:00 (AM) PM	: AM / PM
END TIME	: AM / PM	3:48 AM (PM)	3:48 AM (PM)	: AM / PM	3:46 AM (PM)	3:46 AM (PM)	: AM / PM
CHILD ABSENCE HOURS				8			
TOTAL HOURS		8	8		8	8	
PARENT INITIALS		*PT*	*PT*	*PT*	*PT*	*PT*	

INSTRUCTIONS:

At the end of each pay period, providers must bill for child care hours by using Internet billing at: **www.michigan.gov/childcare**. You will need your provider ID number, and PIN. For questions about billing, refer to the Child Development and Care Handbook. If you still need help call the Central Reconciliation Unit at 1-866-990-3227.

When completing your CDC Daily Time and Attendance Record, you will need to record:

Provider Name: Enter your name or the name of your facility.

Provider ID Number: Enter the 7-digit ID number (**not** license number) listed on the DHS-198, Child Care Provider Authorization.

Pay Period Number: Enter the number of the pay period that corresponds to the billing dates. Use a separate page for each pay period.

Confirmation Number: Enter the confirmation number found in the upper right corner of the DHS-105, Child Development and Care Billing/Attendance Invoice.

Page Number: Enter the page number. Use additional records if you care for more than four children.

Child's Name and Age: Enter the name and age of each child for whom care has been authorized for the billing period. Place them in alphabetical order by last and first name.

Care Begin and End Times: Enter the times in hours and minutes, indicating if it is AM or PM by circling the appropriate designation.

Child Care Hours: Enter the number of hours of care that were actually provided, rounded to the nearest half hour. Enter half hours as .5. **This may be more or less than the number of hours authorized on the DHS-198. Leave blank any days the child did not attend.**

Child Absence Hours Child absence hours (not to exceed 208 hours per fiscal year- 10/1-9/30) may be billed for any periods in which the child is not in care when he/she would have normally been in attendance. This includes periods when the provider is open for business, as well as when the facility is closed. <u>Child absence hours cannot be billed after the child's last day in attendance.</u> If you do bill child absence hours, you may not enter more hours than the child would have normally been in care that day. In the box for the day that the absence occurred, enter the number of hours being billed, rounded to the nearest half hour. Enter a half hour as .5.

Parent or Authorized Representative Initial: The parent or authorized representative must initial daily for each child for each day that hours will be billed (care hours or child absence hours), to indicate that the entries are correct.

Child Care Provider's Signature and Date: The person authorized to complete the billings must sign and date the form.

HOW TO ROUND TO THE NEAREST HALF HOUR:

Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.

If the minutes in the care begin/end time are between 1-15, drop them. For example, for a care begin time of 8:15 a.m., enter 8:00 a.m.

If the minutes in the care begin/end time are between 16-45, round to the half hour (:30). For example, for a care end time of 4:45 p.m., enter 4:30 p.m. If the minutes in the care begin/end time are between 46-59, round to the next full hour. For example, for a care begin time of 7:52 a.m., enter 8:00 a.m.

Please note: Parents are responsible for child care expenses that are not paid by the department including expenses incurred while a parent or provider's eligibility is being determined.

Parents are also responsible for child care expenses when care is provided while the parent is not attending his/her authorized activity.

CDC PAYMENT SCHEDULE

The CDC Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Billing Deadline Dates, and the estimated Check/EFT Date.

Pay Period Dates	Pay Period Number	Billing Deadline*	Check/EFT Date	Pay Period Dates	Pay Period Number	Billing Deadline*	Check/EFT Date
09/08/13 - 09/21/13	319	09/26/13	10/03/13	05/04/14 - 05/17/14	410	05/22/14	05/30/14
09/22/13 - 10/05/13	320	10/10/13	10/17/13	05/18/14 - 05/31/14	411	06/05/14	06/12/14
10/06/13 - 10/19/13	321	10/24/13	10/31/13	06/01/14 - 06/14/14	412	06/19/14	06/26/14
10/20/13 - 11/02/13	322	11/07/13	11/15/13	06/15/14 - 06/28/14	413	07/02/14	07/10/14
11/03/13 - 11/16/13	323	11/21/13	11/27/13	06/29/14 - 07/12/14	414	07/17/14	07/24/14
11/17/13 - 11/30/13	324	12/05/13	12/12/13	07/13/14 - 07/26/14	415	07/31/14	08/07/14
12/01/13 - 12/14/13	325	12/19/13	12/27/13	07/27/14 - 08/09/14	416	08/14/14	08/21/14
12/15/13 - 12/28/13	326	01/02/14	01/09/14	08/10/14 - 08/23/14	417	08/28/14	09/05/14
12/29/13 - 01/11/14	401	01/16/14	01/24/14	08/24/14 - 09/06/14	418	09/11/14	09/18/14
01/12/14 - 01/25/14	402	01/30/14	02/06/14	09/07/14 - 09/20/14	419	09/25/14	10/02/14
01/26/14 - 02/08/14	403	02/13/14	02/21/14	09/21/14 - 10/04/14	420	10/09/14	10/16/14
02/09/14 - 02/22/14	404	02/27/14	03/06/14	10/05/14 - 10/18/14	421	10/23/14	10/30/14
02/23/14 - 03/08/14	405	03/13/14	03/20/14	10/19/14 - 11/01/14	422	11/06/14	11/14/14
03/09/14 - 03/22/14	406	03/27/14	04/03/14	11/02/14 - 11/15/14	423	11/19/14	11/26/14
03/23/14 - 04/05/14	407	04/10/14	04/17/14	11/16/14 - 11/29/14	424	12/04/14	12/11/14
04/06/14 - 04/19/14	408	04/24/14	05/01/14	11/30/14 - 12/13/14	425	12/17/14	12/26/14
04/20/14 - 05/03/14	409	05/08/14	05/15/14	12/14/14 - 12/27/14	426	01/02/15	01/08/15

* Billing deadlines on days before holidays are at 4:00 PM on the indicated date. Otherwise, they are at the end of the day (midnight). Delays in payments should be expected during holiday periods when state offices and post offices are closed.